

W
-5 SEP 1950

Mold Urban District Council.

Annual Report of the Medical Officer of Health

To the Chairman and Members of the
Mold Urban District Council.

Mrs. Roberts, Gentlemen,

I have pleasure in presenting to you my Report on the health of the Urban District of Mold for the year ending 31st December, 1949.

I wish to place on record my thanks to the Chairman of the Health Committee—Councillor F. H. Wright—for his active interest and ready co-operation in the work of the department. I should also like to thank you as a Council, and your officers for the help given to me throughout the year.

Finally I wish to acknowledge the help given by your Sanitary Inspector in the preparation of Sections, C.D. & E. of this Report.

I have the honour to be,

Mr. Chairman, Mrs. Roberts, Gentlemen,

Your obedient Servant,

(Signed) T. W. BRINDLE,

Medical Officer of Health.

ANNUAL REPORT, 1949.

As over a year has passed since my appointment as Medical Officer of Health to the four Local Authorities comprising the Central Area of Flintshire, and Assistant County Medical Officer of Health, this Report presents a suitable opportunity to comment briefly on the working of this joint arrangement.

A central executive office has been established in Mold at the Urban Council Offices and the part-time services of a secretary-typist have been secured. This office serves the local authorities in the Central Area for administrative purposes. A weekly routine visit is paid by the Medical Officer to the health office of each authority. At this visit I am available for interview by anyone so desiring and also for discussion and consultation with the Sanitary Inspector.

In my opinion the greatest gain resulting from the joint appointment is the increased co-ordination which is possible between the health services provided by the County Council on the one hand and the local authorities on the other. By virtue of his appointment as an Assistant County Medical Officer, the District Medical Officer of Health acts as an Assistant School Medical Officer in his own area and is in close contact with the Maternity and Child Welfare Service, immunisation service, etc. This affords him added opportunities to establish personal contact with residents of the area and to increase his knowledge of the social conditions in the district. As the responsibility for immunisation has (since 5th July, 1948) passed entirely to the County Council it is fortunate that this dual appointment enables the District Medical Officer to continue to take a part in this important preventive work. Already on matters affecting health there is excellent co-operation between County Officials and District Officials. It may be that in the future by delegation of powers in day to day administration of service under Part III of the National Health Service Act, 1946, to divisional committees covering areas identical with the present county divisions and advised by the District Medical Officer (Divisional Medical Officer) even closer co-operation could be obtained.

Grave concern has been expressed by many at the deepening division which seems to exist between the general practitioners service, the hospital service and the public health service. It does appear that the District Medical Officer has a most important part to play in the co-ordination of the various health services since he is the man "on the spot"—in close contact with the people using the services, with the general practitioners in his area, with the local health authority and with the District Council.

As is inevitable in the present circumstances, a large part of one's time has been occupied with problems concerning housing. No-one who has seen the deplorably overcrowded and insanitary conditions under which numbers of our people are condemned to live can remain unmoved. These conditions not only undermine public health but also inevitably help to lower moral standards and strike a heavy blow against our social structure. As Medical Officer of Health one feels at times powerless and hopeless when asked to assist to improve living conditions and one is amazed at the patience with which the large majority of people tolerate their hardships. The importance of the provision of good housing conditions in the prevention of ill-health was stressed by The Rt. Hon. The Earl De La War in his Presidential Address to the Health Congress at Eastbourne when he pointed out that "In 1949 Exchequer and personal payments amounted to over £450 millions for the National Health Scheme and during the same period the sum of £9 millions was allowed for subsidising new permanent houses and just over £6 millions for the school health services." Any further extensions of our social services should take second place to the provision of houses, and the provision of new school buildings appear to be of secondary importance when compared to the provision of new houses. One can only express the hope that both nationally and locally the provision of homes for the people will be treated as the most urgent problem confronting us and that consideration will be given to every possible means available, including the purchase of existing houses and the conversion of existing houses to flats, etc. The fullest possible use should also be made of powers under the Housing Act, 1949. In view of the urgency of the present position the building of terrace type houses and a proportion of smaller houses cannot be overlooked, for the problem is

not only to provide an adequate number of houses but to provide them at a reasonable rent

During the year the Clwyd and Deeside Hospital Management Committee have decided to close the well-equipped and long-established infectious disease hospital at St. Asaph. Accommodation for cases of infectious diseases is to be provided at three smaller hospitals within the area of the Committee. Although the number of cases admitted to this type of hospital has decreased in recent years we cannot yet assume that we shall remain free from serious outbreaks of infectious illness in the future. The increased prevalence, for example, of infantile paralysis in recent years should serve as an effective warning in this direction. I should like to place on record regret at this decision. It is a somewhat anomalous position that local authorities, whilst retaining their responsibility for the control of infectious diseases, should no longer have control of infectious disease hospitals, and should have no voice in determining policy in regard to numbers of beds, admission, etc.

It is felt that a closer link with the Hospital Services could be established if the District Councils could be represented through their Medical Officer on the Hospital Management Committee.

I should also like to draw attention to the great difficulty experienced in this area, in common with many other parts of the country, in obtaining satisfactory hospital accommodation for aged persons suffering from chronic illness and, on occasion, even acute illness. This is causing considerable hardship to such persons and their families. It is hoped that more adequate provision will be made in the near future.

As from 1st October, 1949, new legislation has modified the duties of local authorities in relation to the supervision of milk supplies. The local authority is responsible for the registration of all persons carrying on the trade of distributor in their district and of all premises within their district which are used as dairies, not being dairy-farms. The local authority is also responsible for the provisions which apply to diseases which are communicable to man by the consumption of milk. Lastly, the local authority are responsible for supervising the conveyance and distribution of milk.

The increased number of cases of food-poisoning now notified throughout the country has drawn attention to the urgent need for improving our standards of hygiene in relation to food handling and considerable efforts have been made to secure improvement in this direction and a Clean Food Campaign has been launched.

The aims of this Campaign may be divided into two parts, the first being to improve the conditions of premises so as to conform with the requirements of Section 13 of the Food and Drugs Act, 1938, and the second and more difficult being to improve the general methods of food handling.

There are special difficulties in regard to the retail distribution of unwrapped foodstuffs and the only satisfactory solution of this problem would appear to be the insistence on all food being wrapped before delivery commences.

As a first step circulars and a letter have been addressed to all food handlers pointing out the need for effort on their part and appealing for their co-operation. Sanitary Inspectors have increased their efforts in the direction of inspections and by informal chats on the occasions of these visits have sought to secure the interest and voluntary co-operation of food handlers. Plans for the future include meetings to which food handlers will be invited to see Ministry of Information films, to listen to short talks, and to enter into discussions concerning this problem. But I feel that in spite of all the improvement which can be effected by these campaigns it is the general public by their insistence on a high standard from their own tradesmen who can do most to bring about a rapid and permanent improvement. As a long term policy the part played in schools cannot be over emphasised. With the majority of children taking school meals, the opportunity of practical health education in hygienic methods of food preparation and serving are enormous and the effects should be far reaching.

SECTION A.

Social conditions including chief industries.

During the year under review, work has been progressing in adapting a small works for the manufacture of formaldehyde.

By the end of the year, however, production had not commenced.

Area in Acres—1160 Statutory Acres.

Population (Registrar General's Estimate).

Mid-Year, 1949—6,354.

Mid-Year, 1948—6,270.

Number of inhabited houses—1,765.

Rateable Value—£37,868.

Product of a Penny Rate—£145/18/1.

Vital Statistics—These are presented in tabular form. For purposes of comparison figures for last year are given and where appropriate the rates for England and Wales as a whole are given.

TABLE I. Births.

Live Births.

			Males.		Females.		Totals.
Legitimate	...	...	71	...	55	...	126
Illegitimate	...	...	1	...	5	...	6
Totals	...		72		60		132

Live Births Rate per 1,000 Population :—

1949—20.77

1948—23.13

England and Wales. Live Birth Rate per 1,000 Population :—

1949 (Provisional)—16.7

1948—17.8

These figures show that there has again been a fall in the Birth Rate as compared with the previous year. This is in keeping with the National trend. The Birth Rate for the Mold Urban Area is again considerably higher than that for the whole country.

TABLE II. Still Births.

			Males.	Females.	Totals.
Legitimate	...	...	2	—	2
Illegitimate	...	...	—	—	—
	Totals	...	2	—	2

Still Birth Rate per 1,000 total live and still births :—

1949—14.92

1948—26.85.

Still Birth Rate per 1,000 population :—

1949—0.32

1948—0.64

England and Wales. Still Birth Rate per 1,000 population :—

1949 (Provisional)—0.39

1948—0.42

There has been a considerable improvement in the still birth rate during the year under review and it now compares favourably with the national rate.

TABLE III. Death (General) Rate :—

All ages (all causes)—Males, 44 ; Females, 41 ; Total, 85.

Death Rate per 1,000 population :—

1949—13.38

1948—10.69

England and Wales. Death Rate per 1,000 population :—

1949 (Provisional)—11.7

1948—10.8

It will be seen that the crude death rate has increased as compared with the previous year. This upward trend for the year has also been experienced throughout the country as shown by the rates for England and Wales.

In order to make any useful comparison between the death rates for different districts, it is necessary to take into account the different in composition of the population as regards age, sex, etc. The Registrar General has issued for each

district an Area Comparability Factor which makes due allowance for these differences. The Factor for Mold is 1.04 and its use converts the death rate for 1949 from 13.38 to 13.92.

TABLE IV. Deaths (General) Analysis.

	M.	F.	Total.	Rate per 1,000 Population.
Tuberculosis of Respiratory System ...	2	—	2	0.32
Tuberculosis—other forms ...	1	—	1	0.16
Acute Infective Encephalitis ...	—	1	1	0.16
Cancer of Buccal Cavity and Oesophagus (M) ...	—	1	1	0.16
Uterus (F) ...	—	—	—	—
Cancer of Stomach and Duodenum ...	2	2	4	0.63
Cancer of Breast ...	—	3	3	0.47
Cancer of all other sites ...	5	3	8	1.26
Intra-cranial Vascular Lesions ...	8	5	13	2.05
Heart Diseases ...	9	13	22	3.46
Other Diseases of the Circulatory System ...	1	—	1	0.16
Bronchitis ...	3	3	6	0.94
Pneumonia ...	1	1	2	0.32
Diarrhoea—under 2 years ...	—	—	—	—
Appendicitis ...	1	—	1	0.16
Other Digestive Diseases ...	1	2	3	0.47
Nephritis ...	2	3	5	0.79
Maternal Causes ...	—	—	—	—
Premature Birth ...	1	1	2	0.32
Congenital Malformation Birth Injuries ...	2	—	2	0.32
Infantile Diseases ...	—	—	—	—
Suicide ...	—	—	—	—
Road Traffic Accidents ...	—	—	—	—
All other causes ...	5	3	8	1.26
	44	41	85	

TABLE V. Deaths (Childbirth)—NIL.

It is pleasing to report that there were no deaths during the year attributed to childbirth.

TABLE VI. Death Rates (Infantile), i.e., Infants under 1 year of age.

			Males.		Females.		Totals.
Legitimate	...	...	4	...	1	...	5
Illegitimate	...	...	—	...	—	...	—
Total		...	4		1		5

Infantile Death Rate of Legitimate babies per 1,000 legitimate births :—

1949—39.68

1948—7.19

Infantile Death Rate of Illegitimate babies per 1,000 illegitimate births :—

1949—NIL.

1948—NIL.

Infantile Death Rate per 1,000 live births (Legitimate and Illegitimate) :—

1949—37.87

1948—6.90

England and Wales. Infantile Death Rate per 1,000 live births :—

1949 (Provisional)—32.

1948—34.

There has been a considerable increase in the infantile death rate as compared with the rate for the previous year. It must, however, be noted that the rate for 1948 was abnormally low and it is doubtful if reliable conclusions can be drawn from rates based on such small numbers. The rate for the year under review is slightly in excess of the national rate, which once again shows a decline.

SECTION B.

General Provision of Health Services for the Area.

Officers—The Officers serving the Urban District during the year were :—

Medical Officer of Health—I. Philippine Nelis, L.R.C.P., and S.I., D.P.H., until 28th February, 1949. T. W. Brindle, M.B., Ch.B., D.P.H., from 1st March, 1949.

Sanitary Inspector and Surveyor—G. Horn, Cert., R.S.I. and S.I.J.B., Cert. R.S.I. (Meat and other foods), M.S.I.A., etc.

Laboratory Facilities—Provided by the Public Health Laboratory at Conway.

Ambulance Facilities—Provided by the Flintshire County Council. An ambulance is stationed within the Urban District and a 24-hour service is available. Sitting-case car transport is also available under arrangements made through the County Council Welfare Officer.

Nursing and Midwifery in the Home—The Local Health Authority (Flintshire County Council) are responsible for the provision of Home Nursing and Domiciliary Midwifery.

Home Help—A Home Help Service has been organised and is administered by the Local Health Authority (Flintshire County Council).

Treatment Clinics and Centres.**Tuberculosis :—**

“Oaklands,” Chester Road, Queensferry—Every Wednesday at 9-30 a.m.

Tuberculosis :—

Wrexham—The Clinic, Grosvenor Road, Wrexham—Every Monday at 9-30 a.m.

Ante-Natal :—

The Clinic, King Street, Mold—1st and 3rd Monday in each month, at 9-30 a.m.

Infant Welfare :—

The Clinic, King Street, Mold—Every Wednesday at 1-30 p.m.

School Clinic :—

The Clinic, King Street, Mold—Every Wednesday at 9-30 a.m.

Immunisation Clinic :—

The Clinic, King Street, Mold—Once Monthly.

Orthopaedic Clinic :—

Shotton—New Clinic, Central School—1st and 3rd Friday in each month, 10-30 a.m.

Hospitals—The provision of hospital accommodation is the responsibility of the Clwyd and Deeside Hospital Management Committee. The Mold Cottage Hospital is still available for residents of the Urban District and in addition patients are admitted to hospitals in other areas.

SECTION C.**Water.**

Proportion of dwellinghouses and also population supplied directly to houses ...	98 %
Temporary hardness	0.8
Permanent hardness	4.1
Total hardness	4.9

During the year a large number of samples of water were submitted for bacteriological examination and it was found at times that the quality as shown by the analysis failed to reach the desired standard. A full report on the position was submitted to the Welsh Board of Health and representations were made by the Welsh Board of Health and also by this Local Authority to the Statutory Water Undertaking. As a result the position improved and towards the end of the year consistently satisfactory samples were obtained and the position has remained satisfactory throughout the present year up-to-date.

Having regard to the fact that Mold is a growing area, it was felt that the capacity of the storage reservoir is now inadequate to meet the needs of the town. Following the prolonged dry weather an acute water shortage developed and from September 26th until October 17th the supply was turned off for a period in each 24 hours.

In order to prevent a possible recurrence of this shortage, a request has been made to the Statutory Water Undertaking that they will give consideration to the possibility of increasing the quantity of water held in storage.

Rivers and Streams—Two complaints of pollution have been made.

Schools—All Schools are periodically visited.

House Refuse—The collection of house refuse continues to be satisfactory, and the salvage campaign continues.

Sewer—During the past year small extensions have taken place.

TABLE VII.

Number of visits paid re Public Health matters:—

Visits re complaints of defects	...	...	...	...	201
Re-visits to property under notice	...	...	...	...	320
Inspections under Building Bye-laws	...	...	...	...	80
To shops or foodstores	...	...	...	...	40
To slaughterhouse	...	...	...	...	192
Re refuse collection and disposal	...	...	...	...	43
Re issue of Building Licences	...	...	...	...	20
Re infectious diseases or disinfection	...	...	...	...	10
Re issue of petrol licences	...	...	...	...	10
Re the Factories Act	...	...	...	...	31
Interviews with Owners or Agents	...	...	...	...	150
Inspections under Housing Consolidation Regions	...	...	...	...	45
To dirty and verminous premises	...	...	...	...	20
To bakehouses	...	...	...	...	32
To Sewage Works	...	...	...	...	35
To Dairies	...	...	...	...	18
Re Water Sampling	...	...	...	...	85

1332

TABLE VIII.

Notices Served :—

Informal under Public Health Acts	...	...	...	48
Formal under Housing Acts	...	...	...	1
Abatement under Public Health Acts	...	...	...	45

TABLE IX.

Work done :—

Sanitary Convenience Repaired	...	...	...	12
Drain Obstruction removed	...	...	...	64
Dangerous floors repaired	...	...	...	4
Roofs and Gutters repaired	...	...	...	20
Plaster Repaired	...	...	...	40
Windows repaired	...	...	...	12
Cooking facilities repaired	...	...	...	8
Bakehouse walls cleansed	...	...	...	4
Dangerous structures made safe	...	...	...	1
Hedges lopped	...	...	...	18
Cesspools emptied	...	...	...	6
Plumbing repairs carried out	...	...	...	40
Dangerous walls repaired	...	...	...	4
Water supplies improved	...	...	...	10
Doors repaired	...	...	...	—
Yard floors repaired	...	...	...	1
Cesspools abolished—connected to sewer	...	...	...	Nil

SECTION E.

Inspection and Supervision of Food—Inspections have been made and cowsheds found satisfactory in regard to lighting, ventilation, drainage and cleanliness. It will be remembered that on the 1st October, 1949, the Ministry of Agriculture and Fisheries took over the duties in regard to the production of milk.

TABLE X.

Foods—Number of animals inspected at the Slaughter-house :—

Sheep	...	...	...	6,030
Cattle	...	...	...	552
Calves	...	...	...	745
Pigs	...	...	...	91

7,418

Carcases Inspected and Condemned.

TABLE XI.

	Cattle Excluding Cows.			Cows.			Calves.			Sheep and Lambs.			Pigs.		
Number Inspected	...	452	...	100	...	745	...	6,030	...	91					
All diseases except															
Tuberculosis :—															
Whole carcases															
condemned	...	2	...	3	...	7	...	16	...	4					
Carcases in which some															
part or organ was															
condemned	...	90	...	20	...	8	...	340	...	8					
Percentage of No.															
inspected affected with															
disease other than															
Tuberculosis	...	20.35	...	23	...	2.01	...	5.9	...	13.2					
Tuberculosis only :—															
Whole carcases condemned	11	...	8	...	1	...	—	...	2						
Carcases of which some															
part or organ was															
condemned	...	59	...	33	...	—	...	—	...	14					
Percentage of No.															
inspected affected with															
Tuberculosis	...	15.5	...	41	...	0.13	...	—	...	17.5					

Carcases part Carcases and Organs Condemned.

TABLE XII.

	Beasts.			Calves.			Sheep.			Pigs.			Total.		
Carcases	...	24	...	8	...	16	...	6	...	54					
Forequarters	...	10	...	—	...	2	...	—	...	12					
Hindquarters	...	4	...	—	...	—	...	—	...	4					
Heads	...	98	...	—	...	45	...	18	...	161					
Plucks	...	—	...	—	...	300	...	20	...	320					
Lungs	...	200	...	—	...	—	...	—	...	200					
Livers	...	24	...	—	...	—	...	—	...	24					
Spleens	...	24	...	—	...	—	...	—	...	24					
Intestines	...	42	...	—	...	—	...	9	...	51					
Stomachs	...	32	...	—	...	—	...	—	...	32					
Legs	...	—	...	—	...	—	...	2	...	2					

Diseases.
TABLE XIII.

	Beasts.			Calves.			Sheep.			Pigs.			Total.
Tuberculosis	...	70	...	1	...	—	...	16	...	87			
Actinomycosis	...	1	...	—	...	—	...	—	...	1			
Abscesses	...	20	...	—	...	3	...	—	...	23			
Angioma	...	5	...	—	...	—	...	—	...	5			
Dropsy	...	1	...	7	...	1	...	—	...	9			
Parasitic	...	1	...	—	...	300	...	12	...	313			
Pericarditis	...	1	...	—	...	—	...	—	...	1			
Pleurisy	...	10	...	7	...	—	...	1	...	18			
Peritonitis	...	—	...	7	...	10	...	—	...	17			
Mammitis	...	12	...	—	...	—	...	—	...	12			
Bruised	...	5	...	—	...	—	...	1	...	6			
Johne's Disease	...	1	...	—	...	—	...	—	...	1			
Pneumonia	...	40	...	—	...	—	...	7	...	47			
Septicaemia	...	1	...	—	...	3	...	—	...	4			
Cirrhosis	...	85	...	—	...	—	...	—	...	85			
Fever	...	—	...	—	...	1	...	—	...	1			
Swine Erysipelas	...	—	...	—	...	—	...	2	...	2			

The following were voluntarily surrendered being unfit for human consumption :—

TABLE XIV.

Evaporated Milk	...	...	...	68 tins
Skimmed Milk	...	...	...	30 tins
Baked Beans	...	...	...	20 tins
Stewed Steak	...	...	...	41 tins
Tinned Meat	...	...	...	14 tins
Peas	...	...	...	61 tins
Fish	...	...	...	32 tins
Plums	...	...	...	15 tins
Spaghetti	...	...	...	12 tins
Salmon	...	...	...	4 tins
Vegetable	...	...	...	55 tins
Nestles Milk	...	...	...	20 tins
Tomatoes	...	...	...	14 tins
Corned Beef	...	...	...	40 tins
Kippers	...	...	...	98 lbs.

Haddock	...	...	...	70 lbs.
Butter	...	...	...	74 lbs.
Chocolate Dates	...	...	...	Nil
Soup	...	...	...	5 tins
Eggs	...	...	...	201
Marmalade	...	...	...	12 tins
Fruit	...	...	...	14 tins
Sweets	...	...	...	Nil
Jam	...	...	...	42 tins

SECTION D.

Housing.

During the year, 20 houses were completed under the Council's building schemes and in addition 6 houses for private owners were completed. The position as regards housing remains serious and there were at the end of the year some 400 applicants for houses remaining on the Council's waiting list. Of these, a large number are living in grossly overcrowded conditions, whilst others are living in dilapidated premises.

Whilst the present housing shortage continues, the Council may wish to consider whether the present system of allocating a proportion of houses to each ward does secure that those applicants whose "housing need" is greatest are rehoused, or whether it is preferable to deal with applicants from the town as a whole when selecting tenants.

Factories.

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Sanitary Inspectors). -

Premises. (1)	M/c. Line No. (2)	No. on Register. (3)	Inspections. (4)	Number of		M/c. Line No. (7)
				Written Notices. (5)	Occupiers Prosecuted. (6)	
(i) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities	... 1 ...	7	... 50 ...	12 verbal ...	Nil ...	1
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	... 2 ...	47	... 45 ...	31 verbal ...	Nil ...	2
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out workers premises)	... 3 ...	3	... 24 ...	Nil	Nil ...	3
TOTAL	...	57	119	43	Nil	

2. CASES IN WHICH DEFECTS WERE FOUND.

(If defects are discovered at the premises on two, three or more separate occasions, they should be reckoned as two, three or more "cases").

Particulars.	Number of cases in which defects were found.					Number of		M/c. Line No.
	M/c. Line No.	Found.	Remedied.	To H.M. Inspec- tor.	Referred By H.M. Inspec- tor.	cases in which prosecutions were instituted.	(7)	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	
Want of cleanliness (S.1)	...	3	3	—	1	—	...	4
Overcrowding (S.2)	...	—	—	—	—	—	...	5
Unreasonable temperature (S.3)	...	—	—	—	—	—	...	6
Inadequate ventilation (S.4)	...	2	—	—	2	—	...	7
Ineffective drainage of floors (S.6)	...	1	1	—	—	—	...	8
Sanitary Conveniences (S.7) :—								
(a) Insufficient	...	7	4	—	2	—	...	9
(b) Unsuitable or defective	...	6	6	—	—	—	...	10
(c) Not separate for sexes	...	—	—	—	—	—	...	11
Other offences against the Act (Not including offences relating to outwork)	...	—	—	—	—	—	...	12
TOTAL	60	15	13	—	5	—	—	60

PART VIII OF THE ACT. OUTWORK.

(Sections 110 and 111).

		Section 110.				Section 111.		
Nature of Work.	M/c. Line No.	(1)	(2)	No. of out- workers in Aug. list required by Sec. 110(1)(c).	No. of Cases of default in sending lists to the Council.	(3)	No. of prosecutions for failure to supply lists.	(4)
							No. of instances of work in unwhole- some premises.	(5)
							Notices served.	(6)
							Prosecu- tions.	(7)
								(8)
Wearing apparel (making, etc.)	...	13	...	—	...	—	...	—
Cleaning and Washing	...	14	...	2	...	—	...	—
Household Linen	...	15	...	—	...	—	...	—
TOTAL	...			2	Nil	Nil	Nil	Nil

SECTION F.

Prevalence and Control of Infectious Disease (excluding Tuberculosis).

TABLE XV.

Name of Disease.	No. of Cases Notified.		Admitted to Hospital.		Total Deaths.
Diphtheria	...	1	...	1	—
Whooping Cough	...	13	...	—	—
Scarlet Fever	...	4	...	3	—
Measles	...	1	...	—	—
Pneumonia	...	1	...	—	—
Totals	...	20		4	—

TABLE XVI.

Analysis of Notifiable Disease.

The figures shown in Column 1 of the foregoing Table are analysed in age Groups below :—

Disease.	No. of cases notified as having occurred among persons of the ages immediately below specified.												Total.
	0	1	2	3	4	5	10	15	20	35	45	65	
Diphtheria	—	—	—	—	—	—	1	—	—	—	—	—	1
Whooping Cough	—	3	4	—	1	5	—	—	—	—	—	—	13
Measles	—	—	—	—	—	—	1	—	—	—	—	—	1
Scarlet Fever	—	—	—	1	2	1	—	—	—	—	—	—	4
Pneumonia	—	—	—	—	—	—	—	—	—	—	1	—	1
Totals	—	3	4	1	3	6	2	—	—	—	1	—	20

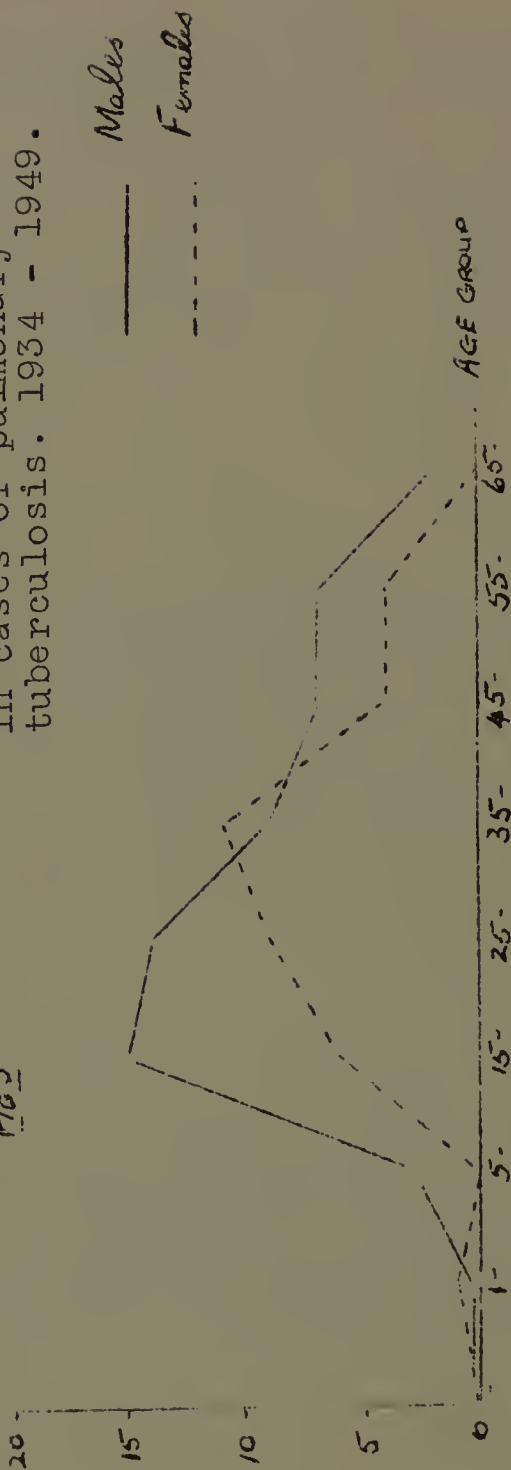
Reference to Tables XI and XII shows that there was no serious outbreak of infectious illness during the year. There were no cases of infantile paralysis. The case of diphtheria occurred in a person who was not protected by immunisation. There were no deaths from measles or whooping cough. During the year no cases of food-poisoning were notified.

M-89426

Age at date of notification
in cases of pulmonary
tuberculosis. 1934 - 1949.

No. of cases

Fig 3

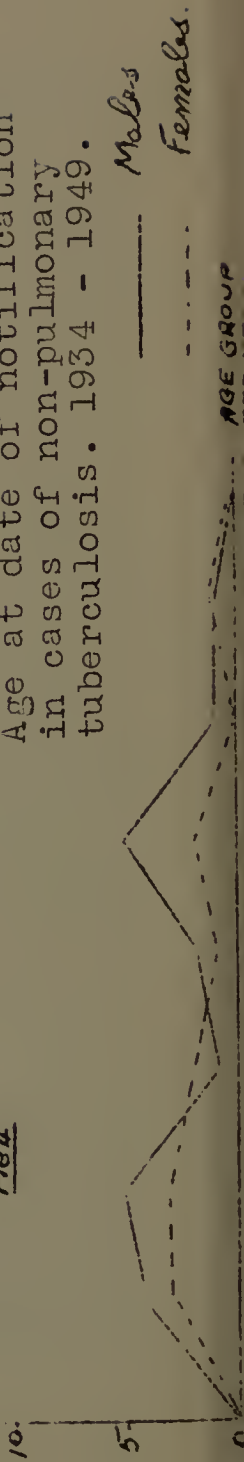


M-89426

Age at date of notification
in cases of non-pulmonary
tuberculosis. 1934 - 1949.

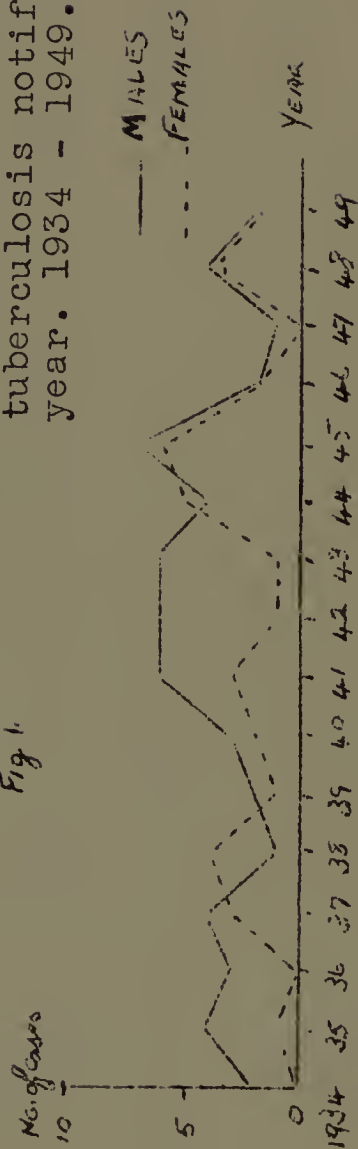
No. of cases

Fig 4



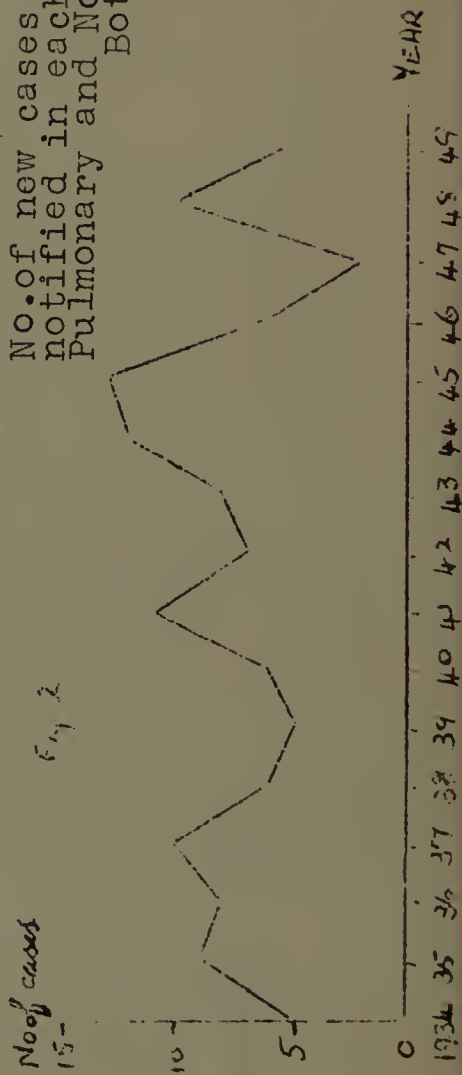
No. of new cases of pulmonary tuberculosis notified in each year. 1934 - 1949.

Fig. 1.



No. of new cases of tuberculosis notified in each year 1934 - 1949. Pulmonary and Non-Pulmonary. Both Sexes.

Fig. 2.



Tuberculosis.
TABLE XVII.

New Cases Notified during the year 1949.						Deaths during the year 1949.				
Age Groups.	Res. piratory.		Non-Res- piratory.		Total Cases.	Res. piratory.		Non-Res- piratory.		Total Cases.
	M.	F.	M.	F.		M.	F.	M.	F.	
0	—	—	—	—	—	...	—	—	—	—
1	—	—	—	—	—	...	—	—	—	—
5	—	—	—	—	—	...	—	—	—	—
15	1	1	1	—	3	...	—	1	—	1
25	—	—	—	—	—	...	—	—	—	—
35	—	1	—	—	1	...	1	—	—	1
45	—	—	—	—	—	...	—	—	—	—
55	—	—	—	—	—	...	—	—	—	—
65	1	—	—	—	1	...	1	—	—	1
All Ages	2	2	1	—	5	...	2	1	—	3

It is pleasing to note that notifications of new cases of tuberculosis during the year were reduced to 4 pulmonary and 1 non-pulmonary. The figures for 1948 were 8 and 2 respectively. Of the four cases of pulmonary tuberculosis notified one was in an institution outside the urban district at the date of notification and did not return to this district. There were two deaths attributed to pulmonary tuberculosis and one due to non-pulmonary tuberculosis.

Table XVIII sets out the number of cases of Tuberculosis notified in each year from 1934 onwards (Cases transferred from other areas not included). In Fig. 1 the number of cases of pulmonary tuberculosis, male and female, in each year from 1934-49 is shown and the total cases of pulmonary and non-pulmonary tuberculosis notified each year in the same period are shown in Fig. 2. Figs. 3 and 4 show the total number of cases of pulmonary and non-pulmonary tuberculosis respectively in various age groups at the date of notification from 1934-1949.

TABLE XVIII.
Tuberculosis Cases—1934-1949.

Year.	Pulmonary.			Non-Pulmonary.			Grand Total of Pulmonary & Non-Pulmonary.			
	M.	F.	Total.	M.	F.	Total.				
1934	...	2	—	2	...	1	2	3	...	5
1935	...	4	1	5	...	3	1	4	...	9
1936	...	3	—	3	...	2	3	5	...	8
1937	...	4	3	7	...	2	1	3	...	10
1938	...	1	4	5	...	1	—	1	...	6
1939	...	2	1	3	...	2	—	2	...	5
1940	...	3	2	5	...	1	—	1	...	6
1941	...	6	3	9	...	1	1	2	...	11
1942	...	6	1	7	...	—	—	—	...	7
1943	...	6	1	7	...	1	—	1	...	8
1944	...	4	5	9	...	—	3	3	...	12
1945	...	7	6	13	...	—	—	—	...	13
1946	...	2	2	4	...	2	—	2	...	6
1947	...	1	—	1	...	1	—	1	...	2
1948	...	4	4	8	...	1	1	2	...	10
1949	...	2	2	4	...	1	—	1	...	5
Total	...	57	35	92	...	19	12	31	...	123

TUBERCULOSIS.

Under the Public Health (Tubercuolsis) Regulations, 1930, it is the duty of the Medical Officer of Health of a local authority on receipt of a notification under these regulations to make such enquiries and to take such steps as are necessary or desirable for investigating the source of infection, for preventing the spread of infection and for removing conditions favourable to infection. This does not appear to have been modified by subsequent legislation.

My own practice is to visit personally all newly notified cases of pulmonary tuberculosis. Advice is given regarding precautions to be taken. Where appropriate, recommendations are made to the Health Committee—such recommendations usually refer to the need for re-housing because of

unsatisfactory housing or overcrowding. In the most urgent cases the attention of the Chest Physician is drawn to the desirability of securing early admission of the case to a sanatorium. Lack of hospital beds for acute cases and some type of hostel accommodation for chronic cases means that at present all too frequently infectious cases are treated in the home with the consequent risk of spread of infection. The provision of this necessary accommodation is one of the most urgent tasks facing the hospital authorities. It is only too well known that the incidence of tuberculosis is far higher among contacts of the disease than amongst the remainder of the population.

The work of a District Medical Officer of Health in carrying out the duties given above would be facilitated if the information given on the formal notification could be supplemented by the addition of other information. Also a divisional scheme of administration could overcome some of the present overlapping of duties between County Council and District Council. In this connection it is worthy of note that the following authorities are at present concerned with tuberculosis—Executive Council (The General Medical Practitioner), The Regional Hospital Board (Chest Physician and provision of hospital accommodation), County Council, National Assistance Board and District Council. The report of the Ministry of Health for the year ended 31st March, 1949, emphasises the need for co-operation especially between regional hospital boards, local health authorities and the great body of family doctors, and to this may be added the need for co-operation with the district council in their duty of prevention.

An essential element in the prevention of tuberculosis is the early diagnosis of cases. In an endeavour to assist in this direction a visit from the Mass Radiography Service of the Welsh Regional Hospital Board took place in June.

The facilities of the Unit were available to members of the general public, but in spite of the publicity given the response was poor. Of the 294 cases examined no case of definite pulmonary tuberculosis was discovered. It is hoped that we shall be able to arrange for a further visit from the Unit

in the future and that a better response from the public will be forthcoming.

As regards the control of tuberculosis of bovine origin it cannot be said too often that no child should drink milk which has not been either pasteurised or boiled.